

NO ALTERATIONS TO THIS FORM WILL BE ACCEPTED

All marks must be clearly legible, written in ink and signed by the employer. Forms showing adjustments/corrections with white-out or by other means will be returned to the Sponsor.

HTF-3B Verification of Employment

This form is to be signed by the potential beneficiary and mailed to his/her employer by the Sponsor. **This form should not be hand delivered by the potential beneficiary.**

TO: Name and Address of Employer	FROM: Name, Address & SSI # of Beneficiary

I have applied for housing assistance from _____ (name of the Sponsor). Please provide the salary and employment verification requested below.

Beneficiary Signature

Date: _____

EMPLOYER:

Is the beneficiary currently employed by you? Yes No Position: _____

Dates of employment: _____ Probability of continued employment: Yes No

Full Time Part Time Hours per week: _____ Hours per year: _____

Basic Pay: \$ _____ /hour Basic Pay: \$ _____ /per year

Overtime Pay: \$ _____ /hour Overtime Hours per week: _____ per year: _____

Commission: \$ _____ /month \$ _____ /year

Bonus/Other: \$ _____ /month \$ _____ /year

Employer Signature

Date: _____

Employer Telephone Number

The above information is confidential. Thank you for your cooperation. Please return this form directly to: